Initial Information Data Sh t

Inventor Information

Inventor One Given Name:: Michael P.

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Gallagher

Postal Address Line One::

447 Circle Drive

City::

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State or Province::
Postal or Zip Code::

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Citizenship Country::

US

Inventor Two Given Name::

Robert J.

Family Name::

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Postal Address Line One::

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City::

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State or Province::
Postal or Zip Code::

GA 30265

Citizenship Country::

US

Correspondence Information

Customer No.::

29673

Name Line One::

Stevens & Showalter LLP

Address Line One::

7019 Corporate Way

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State or Province::

OH 45459-4238

Postal or Zip Code::

(937) 438-6848

Telephone::

(937) 438-2124

Fax:: Electronic Mail::

showalter@speakeasy.net

Application Information

Title Line One::

OPERATOR SUPPORT PAD FOR A VEHICLE

Total Drawing Sheets::

4 No

Formal Drawings?::

.

Application Type::

Utility

Docket Number::

CRN 319 PA

Representative Information

Customer No.::

29673

Registration Number One::

28,046

Registration Number Two::

33,579

Registration Number Three:: Registration Number Four::

33,348 40,832

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